

# Form CPF M 102: Campaign Finance Report Municipal Form JUN 2 9 2016

Office of Campaign and Political Finance

JUN 2 9 2016

	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 5	28 16 Ending Date: 6 20 16			
Type of Report: (Check one)				
★ 8th day preceding preliminary       ■ 8th day preceding election	30 day after election year-end report dissolution			
Marlene Morin	Marlene Morin Campaign Committee			
Candidate Full Name (if applicable)  City Concil At Large  Office Sought and District	Erica Damas			
121 Florence rd Florence MA 01062  Residential Address	Name of Committee Treasurer  205 Florence Rd Florence MA 01062  Committee Mailing Address			
E-mail: attorney marlene morin @ yahoo - com	E-mail: Loosering studio @ g mail. com			
Phone # (optional)	Phone # (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	\$ 0			
Line 2: Total receipts this period (page 3, line 11	\$ 650			
Line 3: Subtotal (line 1 plus line 2)	\$ 650			
Line 4: Total expenditures this period (page 5, lin	ne 14) \$ 649.06			
Line 5: Ending Balance (line 3 minus line 4)	\$0.94			
Line 6: Total in-kind contributions this period (pa	age 6)			
Line 7: Total (all) outstanding liabilities (page 7)	\$ 218			
Line 8: Name of bank(s) used: Florence	Bank			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	Contributions and liabilities for this consules a select out to the select of the sele			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)			
Candidate with Committee and no activity independent of the committee	best of my knowledge and belief, a true and complete statement of all campaign finance			
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: Maslane Mod	Candidate's signature) Date: 6.29.2016			

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address  Occupation & Employer				
Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
5/28/16	Mary Finn 9 Gleason Rd Northampton MA OLOGO	\$100			
6/3/16	Sean Sullivan S4 Lady StyperLine Florence MA 62062	\$500	Altorney - Secur T. Silliven Attorny at Law		
5/20/14	Helen Wise 28 Ridgewood Terrace Northampton Mt 01000	\$ 50			
Line 9: Total Receipt	ts over \$50 (or listed above)	\$650			
Line 10: Total Receip	ets \$50 and under* (not listed above)	0			
	CCEIPTS IN THE PERIOD	\$650	← Enter on page 1, line 2		
<ul> <li>If you have itemized re</li> </ul>	eceipts of \$50 and under, include them in line	9 Line 10 should	d include only those receipts and its at at		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
		0 2,0		
		77		
			11	
		4		
- 10-10-10-10-10-10-10-10-10-10-10-10-10-1				
		77		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ne 9: Total Receip	ts over \$50 (or listed above)			
	its \$50 and under* (not listed above)			
	CCEIPTS IN THE PERIOD		← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE B: EXPENDITURES**

M,G,L, c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	nmittee name and a page number of		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
6/14/10	Get Set Marketing	307 Worthington St 300 Floor	laun sign dan payment	\$ 477
		Springfield MAOILUZ		\$ 277.
6/3/16	Partie O	21 Conz St		
3(3)(14	Paradise Copies	Northempton MA01060	laun signs	1 305.47
e fulle	Ω	21 Conz St		
6/4/16	Paradise Capies	Northampton Mt 01000	letter printing	\$ 18.06
6/12/10	Staples	122 N Kny 57		
0113 10	staple)	Northampton MA 01060	Printing + files	\$48.53
				NAS-
<u> </u>				
			<u> </u>	
	•			
		1		
		Line 12: Total Expenditures over	\$50 (or listed above)	6 / ill 0 mx
	Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)		\$ 649.86	
	ļ			
		Line 14: TOTAL EXPENDITUE		649.06

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	7			
				70.20
				386
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u		
		Line 14: TOTAL EXPENDITU		<u>_</u>

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	(A) (A)			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
6/14/16	Get Set Marketry	207 Worthington St 3rd Floor Springfield MA 01103	loun sign balance	\$218
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$ 218